• •									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								101788665						
Effective October 1, 2003										A130	/ù-	75=49	7-07	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER		
TC	TAL CLAIMS		95	*1	(Colothir 2)		ľ	RATE			OR 1 1	SMALL		
TOTAL COAIMO			25				ŀ			FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3			X\$ 9=			OR	X\$18=	.54	
INDEPENDENT CLAIMS			3 minus 3 =		0			X43=		•	OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	X24		
CLAIMS AS AMENDED - PART II									٠	•		OTHER	THAN	
l,	2 (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	SMALL		
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMĘNT A	Total .	·23	Minus	-2	3	=		· X\$ 9=			ÖR	X\$18=		
	Independent	· 3	Minus	skrik (3	=	Ī	X43=	1		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1			+290=	ī	
									u		OR	TOTAL		
									EL		OR,	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)											1		
INT B		REMAINING AFTER AMENDMENT		NUME PREVIO	BER DUSLY	PRESENT EXTRA	┨╟	RATE	ŀ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**	•	=		X\$ 9=			OR	X\$18=		
MEN	Independent	*	Minus	***		-		X43=	7		OR	X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	†			+290=		
									1		OR	TOTAL	•	
									EL		OR ,	ADDIT. FEE		
			•			_								
1 - 5 L		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus _. ·	**		=		X\$ 9=	T		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	†	•	OR	X86=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+					
+145=											OR	+290=	4	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ODIT. FEE		
***	If the "Highest Nu The "Highest Num	mber Previously Pa ther Previously Pai	aid For IN THI d For" (Total or	Independe	s less tha ent) is the	in 3, enter 3.° highest number	r foun	id in the a	appr	opriate box	in col	umn 1.		

FORM PTO-875 (Rev. 10/03)

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